

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048573

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 356

FILED DEC 30 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mt. Vernon

Length of stay in 1b
4 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mo. State Sanatorium

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY
OR
TOWN Marshall

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS (If outside, give location)

Missouri State School

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Susie

Middle

Ann

Last

Calhoun

4. DATE
OF
DEATH

Month Day Year
December 19, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-14-23

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Pike County Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Calhoun

13b. MOTHER'S MAIDEN NAME

Eva Mae Doty

14. NAME OF HUSBAND OR WIFE

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Hospital records, Mo. S.S., Mt. Vernon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aspiration pneumonia

INTERVAL BETWEEN
ONSET AND DEATH
2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pulmonary tuberculosis, far advanced, active,
with right pneumonectomy

4 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-29-59 to 12-19-63 and last saw her alive on 12-19-63
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mo. S. S., Mt. Vernon, Mo.

22c. DATE SIGNED

12-19-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-19-63

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Louisiana

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Collier Funeral Home Louisiana Mo.

25. DATE RECD. BY LOCAL REG.

12-23-63

26. REGISTRAR'S SIGNATURE

Roy Grantham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10550

26975

3

4 1

5 0

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9 0021

10

11

12 93-0

13 50

887810-888

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address W. Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.